

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27167

1. PLACE OF DEATH

County Newton
Township Marion
City Diamond Mo. (No. _____)

Registration District No. 615
Primary Registration District No. 5817

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Leon Pendergraft

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— — 1 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Diamond Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Lee Otis Pendergraft
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ark.
12. MAIDEN NAME OF MOTHER Alma M. Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Seligman Ark.

14. INFORMANT Fred Pendergraft
(Address) Diamond Mo.

15. FILED Aug 18 1933 U. S. Chapman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 17, 1933

17. I HEREBY CERTIFY, That I attended deceased from August 15, 1933, to August 17, 1933, that I last saw him alive on August 17, 1933, and that death occurred, on the date stated above, at 1-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Failure of The Foramen Orale to close after birth.

CONTRIBUTORY (SECONDARY) 1570 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) R. F. Cheatham, M. D.

Aug 17, 1933. (Address) Diamond Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Diamond Cemetery DATE OF BURIAL Aug 18 1933

20. UNDERTAKER O. C. Sutter ADDRESS Diamond Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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